



CLINTON TOWNSHIP

BUREAU OF FIRE SAFETY

APPLICATION FOR SMOKE DETECTOR, CARBON MONOXIDE DETECTOR & FIRE EXTINGUISHER COMPLIANCE (CSDCMAC)

OWNER IN FEE: _____ DATE: ____/____/____

ADDRESS OF OWNER: _____

PHONE NUMBER: (____) - _____ - _____

BLOCK: _____ LOT: _____ PROPERTY LOCATION: _____

The Structure is used as a:

- Single Family Dwelling
- 2-Family Dwelling
- Multi-Family – (____) Units
- Other: _____

DATE OF CLOSING: ____/____/____

NAME OF BUYER: _____

I am hereby making application for a SMOKE/CARBON MONOXIDE ALARM/PORTABLE FIRE EXTINGUISHER COMPLIANCE CERTIFICATE for the above mentioned property. I further hereby certify that the information contained herein is correct. I understand that changing ownership of property before a CSDCMAC inspection is completed will result in a penalty and any false statements to this document will result in the revocation of the certificate and also the issuance of a penalty of \$500 per N.J.A.C. 5:70-2.12, under the N.J. Uniform Fire Code Penalty Enforcement Act (N.J.S.A. 2A:58-1 et seq).

SIGNATURE: OWNER / AGENT

(The Owner / Agent **must** make an appointment for this inspection by calling (908) 735-8800 Ext. 254 or email at prenaldi@clintontwpnj.com

FEES: PLEASE MAKE CHECKS PAYABLE TO: **Clinton Township**

- \$ 35.00 Received more than 10 business days prior to the change of occupancy
- \$ 70.00 Received 4 -10 business days prior to the change of occupancy
- \$ 125.00 Received fewer than 4 business days prior to the change of occupancy
- Re-inspection fee for CSDCMAC shall be \$35.00

CHECK #: _____ CASH: _____ TOTAL AMOUNT PAID: \$ _____

COMMENTS: _____

INSPECTION: () – PASSED () – FAILED INSPECTION DATE: ____/____/____

REINSPECTION: () – PASSED () – FAILED REINSPECTION DATE: ____/____/____

CERTIFICATE # _____

Patrick A. Renaldi, Fire Marshal